

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response

16.00



Name of Offering (□ check if this	is an amendment and name has changed, and indicate c	hange.)
MATTERHORN OFFSHORE FUN	ND LIMITED	BBAAEQCED
Filing Under (Check box(es) that a	pply): □ Rule 504 □Rule 505 🗷 Rule 506 □Rule 4(6)	EULOE FILOULOULO
Type of Filing:	☑ Amendment	CEP 18 2003 F
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested	l about the issuer	THOMSON
Name of Issuer (□ check if this is	s an amendment and name has changed, and indicate cha	inge.) FINANCIAL
MATTERHORN OFFSHORE FUN	4D LIMITED	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Citco B.V.I. Limited, P.O. Box	662, Road Town, Tortola, British Virgin Islands	(809) 494-2217
Address of Principal Business Op	erations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Citco B.V.I. Limited, P.O. Box	662, Road Town, Tortola, British Virgin Islands	(809) 494-2217
Brief Description of Business	•	
Primarily, acquisition of long and	short positions	
Type of Business Organization		
□ corporation		other (please specify): British Virgin
□business trust	□ limited partnership, to be formed	nternational business company
Louisiness trust	Month Year	r
Actual or Estimated Date of Incorp		0 ■Actual □Estimated
•	ganization: (Enter two-letter U.S. Postal Service abbrevi	1
t and another or an or position of the	CN for Canada; FN for other foreign	
GENERAL INSTRUCTIONS		<u> </u>
Federal:		Demilities D as Section 4/60 17 CED 220 501 at
seq. or 15 U.S.C. 77d(6).	an offering of securities in reliance on an exemption under	Regulation D or Section 4(6), 17 CFR 230.301 et
When To File: A notice must be fil	ed no later than 15 days after the first sale of securities in	the offering. A notice is deemed filed with the
	mission (SEC) on the earlier of the date it is received by the it is day, on the date it was mailed by United States	
	h it is due, on the date it was mailed by United States reg Exchange Commission, 100 F Street, N.E., Washington, I	=
	of this notice must be filed with the SEC, one of which mu	
signed must be photocopies of the	manually signed copy or bear typed or printed signature	res.
Information Required: A new filing	g must contain all information requested. Amendments nee	ed only report the name of the issuer and offering,
Part E and the Appendix need not l	n requested in Part C, and any material changes from the be filed with the SEC.	information previously supplied in Pans A and B.
Filing Fee: There is no federal filir		
State:		
This notice shall be used to indicate have adopted ULOE and that have a	e reliance on the Uniform Limited Offering Exemption (Udopted this form. Issuers relying on ULOE must file a ser	JLOE) for sales of securities in those states that parate notice with the Securities Administrator in
each state where sales are to be, or	have been made. If a state requires the payment of a feompany this form. This notice shall be filed in the appro	e as a precondition to the claim for the exemption, a
Appendix to the notice constitutes	a part of this notice and must be completed.	priate states in accordance with state law. The
	ATTENTION —	
Failure to file notice in the annron	riate states will not result in a loss of the federal exemp	tion Conversely failure to file the
appropriate federal notice will not federal notice.	t result in a loss of an available state exemption unless s	uch exemption is predicated on the filing of a

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	naging partner	of partnership issuers.			
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	□Executive Officer	■ Director	☐General and/or Managing Partner
Full Name (Last name first, if in Intercaribbean Services Ltd.	ndividual)	=			
Business or Residence Address			p Code)		
c/o Citco Building, Wickhams	Cay, Road Tov	vn, Tortola, B.V.I.			
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, if is Eclipse Consulting LLC	ndividual)				
Business or Residence Address Jan Sofat 12, Curacao, Nethe			p Code)		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	□Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Business or Residence Address	ss (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	□Executive Officer	□Director	☐General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	s (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	s (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	□Promoter	□Beneficial Owner	□Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	s (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	□Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Addres	s (Number and	Street, City, State, Zi	p Code)		

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

100				В	. INFORM	ATION AE	OUT OFF	ERING									
1.77						1	•	1	. 0			Yes	No				
I.Has t	he issuer so	old, or does	s the issuer		sell, to non				-				×				
					so in Apper	•		ig under UI	OE.								
					ccepted fror ccept fracti	•						\$ <u>100,0</u>	<u>00</u> *				
4. Ent or s liste of t	er the infor imilar remo ed is an ass he broker o	mation requireration for ociated per dealer. If	or solicitati son or age	each perso on of purch nt of a brok five (5) per	n who has basers in conter or dealers or dealers on the level of the l	nnection w r regis tere	ith sales of d with the S	securities i EC and/or v	n the offer vith a state (ing. If a per or states, list	rson to be t the name	Yes ⊠	No 🗆				
Full Na	me (Last na	ame first, if	individual)	ı													
N/A																	
Busine	ss or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	te, Zip Co	de)										
Name o	of Associate	ed Broker o	or Dealer						<u> </u>				-				
States i	n Which P	erson Liste	d Has Solid	cited or Int	ends to Sol	icit Purcha	.sers	<u> </u>									
(Chec	k "All State	es" or chect	k individua	l States)	*****************	:						∃All Stat	tes				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]					
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]					
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]					
Full Na	me (Last na	ame first, if	individual)	ı													
N/A																	
Busine	ss or Resid	ence Addro	ess (Numbe	er and Stree	et, City, Sta	te, Zip Co	de)										
Name o	of Associat	ed Broker o	or Dealer		g		N#1# - ·										
States i	n Which P	erson Liste	d Has Soli	cited or Int	ends to Sol	icit Purcha	isers										
(Chec	k "All State	es" or chec	k individua	l States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	* < * * * * * * * * * * * * * * * * * *			********		⊐All Stat	tes				
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]					
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N/A																	
Busine	ss or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ite, Zip Co	de)										
Name o	of Associat	ed Broker o	or Dealer														
States i	n Which P	erson Liste	d Has Solid	cited or Int	ends to Sol	icit Purcha	sers			· ·							
(Chec	k "All State	es" or chec	k individua	l States)			····					⊐All Stat	es				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]					
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]					
		(∪se blank	sneet, or co	opy and use	additiona	ii copies of	this sheet,	as necessa	ıry.)							

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$ -0-		\$0
	Equity	\$1,000,000,000		\$ 946,532,193
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0		\$
	Partnership Interests			\$
	Other (Specify)			\$
	Total			\$ 946,532,193
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	134		\$ <u>946,532,193</u>
	Non-accredited Investors	-0-		\$
	Total (for filings under Rule 504 only)	<u>N/A</u>		\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of		Dollar Amount
		Security N/A		Sold \$ N/A
	Rule 505			
	Regulation A	<u>N/A</u>		\$ <u>N/A</u>
	Rule 504	N/A		\$ <u>N/A</u>
	Total	N/A		\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		×	\$_50,000
	Accounting Fees		×	\$_15,000
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) Administrative	!	×	\$_10,000
	Total		×	\$_75,000

BER OF INVES	TORS, EXPENSES AND USI	E OF PROCEEDS		
offering price gase to Part C - C	given in response to Part C Question 4.a. This difference	is	\$ <u>999,925,000</u>	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, for estimate and check the box to the left of the estimate. The total of the payments listed muthe adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b				
		Payments to Officers, Directors, & Affiliates	Payments To Others	
***************************************		***		
••••				
machinery and	equipment	•••		
facilities		□\$	□\$	
e assets or secu	rities of another issuer		s	
		ПФ	□\$	
		-		
		🗆\$	≥ \$999,925,000	
		Пе	₩¢000 005 000	
			■ \$ <u>999,925,000</u>	
	······································	<u>s</u> \$ <u>99</u>	99,925,000	
D. FEDERAL	SIGNATURE			
4	20			
SignmerC	arifbean Services Lt. Director	d. Date SE	P - 8 2006	
Director of	Intercaribbean Services Ltd	., Director of Matter	horn Offshore	
offshore fund.	Figures represent the maxim	num value of shares	offered and to be	
fering, the adjus	sted gross proceeds to the Iss	uer is estimated.		
— ATTEN	NTION —			
	proceeds to the unt for any purite. The total of a in response to a sact of	proceeds to the issuer used or proposed to but for any purpose is not known, furnish atte. The total of the payments listed must equal in response to Part C – Question 4.b above an in response to Part C – Question 4.b above the value of securities involved in this eleases or securities of another issuer D. FEDERAL SIGNATURE The undersigned ally authorized person. If issuer to furnish to the U.S. Securities and issuer to furnish to the U.S. Securities and issuer to any nata according investor pursuar Significant or furnish to the U.S. Securities and issuer to furnish to the U.S. Securities and issuer to furnish to the U.S. Securities and investor of Intercaribbean Services Ltd. Fund Limited offshore fund. Figures represent the maxim	unt for any purpose is not known, furnish an the total of the payments listed must equal in in response to Part C – Question 4.b above. Payments to Officers, Directors, & Affiliates Dayments to Officers, Directors, & Affiliates	

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)